

# STATE OF COLORADO TRAFFIC CRASH REPORT

☐ AMENDED/SUPPL. ☐ COUNTER REPORT ☐ PRIVATE PROPERTY ☐ PUBLIC LAND PAGE 1 OF 6 PAGES

Case # <b>4C232856</b>		Agency ORI <b>COCSP0000</b>		Agency Name <b>Colorado State Patrol</b>											
Date of Report (MM/DD/YYYY) <b>09/27/2023</b>		Date of Crash (MM/DD/YYYY) <b>09/08/2023</b>		Time of crash (24 Hour) <b>16:39</b>		Officer Name <b>REMILLARD, C.</b>		Officer Number <b>7386</b>							
Date Arrived <b>09/08/2023</b>		Date Roadway Cleared <b>09/08/2023</b>		Date Last Responder Left <b>09/08/2023</b>		Signature			Detail <b>H82</b>						
Time Arrived <b>16:52</b>		Time Roadway Cleared <b>21:14</b>		Time Last Responder Left <b>21:14</b>		Agency Code <b>M06</b>		Investigated at Scene <input checked="" type="checkbox"/>		District Number <b>4C</b>					
Number Killed <b>1</b>		Number Injured <b>1</b>		Total Vehicles <b>2</b>		Total Non-Motorists <b>0</b>		Juvenile(s) Involved <input type="checkbox"/>		Secondary Crash <input type="checkbox"/>		Construction Zone Related <input type="checkbox"/>		School Zone <input type="checkbox"/>	
Latitude <b>39.34124° N</b>				Longitude <b>-107.00172° W</b>				County <b>Garfield</b>				City			
On Road/Street: <b>HIGHWAY 82</b>						Intersection Offset Distance Unit <input type="checkbox"/>		01. Miles 03. At the Intersection		02. Feet					
Reference Intersecting Road/Street:						Intersection Offset Distance		Offset Direction N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>							
HWY NUMBER <b>82</b>				MILEPOINT <b>25.5</b>		Milepoint Offset Distance Unit <b>01</b>		01. Miles 03. At the Milepoint		02. Feet					
<input type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> OTHER RDWY				<input checked="" type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD		Milepoint Offset Distance <b>0.500</b>		Offset Direction N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input checked="" type="checkbox"/>							
LOCATION <b>01</b>		01. On Roadway 02. Ran Off Left Side 03. Ran Off Right Side		04. Ran Off 'T' Intersection 05. Vehicle Crossed Center Median Into Opposing Lanes		06. On Private Property 07. Center Median/Island		Number of Lanes Blocked <b>02</b>		LANE POSITION <b>E01</b>					
<b>HARMFUL EVENT SEQUENCE</b>		1st <b>08</b>		2nd <input type="checkbox"/>		3rd <input type="checkbox"/>		4th <input type="checkbox"/>		Most Harmful Event <b>08</b>					
<b>NON-COLLISION CRASH</b> 01. Overturning/Rollover 44. Immersion, Full or Partial 45. Fell from Motor Vehicle 02. Other Non-Collision		<b>COLLISION WITH NON-MOTORIST</b> 03. School Age To/From School 05. Pedestrian 15. Bicycle/Motorized Bicycle <b>COLLISION WITH MOTOR VEHICLE IN TRANSPORT</b> 06. Front to Front 07. Front to Rear		<b>COLLISION WITH OTHER VEHICLE</b> 08. Front to Side 09. Rear to Side 10. Rear to Rear 11. Side to Side-Same Direction 12. Side to Side-Opposite Direction <b>COLLISION WITH ANIMAL</b> 17. Domestic Animal 18. Wild Animal <b>COLLISION WITH OBJECT</b> 19. Light Pole/Utility Pole 20. Traffic Signal Pole		<b>COLLISION WITH OBJECT</b> 47. Electrical/Utility Box 21. Sign 41. Guardrail Face 42. Guardrail End 23. Cable Rail 24. Concrete Highway Barrier 48. Overhead Structure (Bridge) 49. Overhead Structure (Not Bridge) 50. Bridge Structure (Not Overhead) 26. Vehicle Debris or Cargo 27. Culvert or Headwall 28. Embankment 43. Ditch		<b>COLLISION WITH OBJECT</b> 46. Ground 29. Curb 30. Delineator/Milepost 31. Fence 32. Tree 33. Large Rocks or Boulder 34. Railroad Crossing Equipment 35. Barricade 36. Wall or Building 37. Crash Cushion/Traffic Barrel 38. Mailbox 39. Other Fixed Object (Describe in Narrative) 40. Other Non-Fixed Object (Describe in Narrative)							
<b>ROAD CONTOUR - CURVES</b> <b>01</b>		01. Straight 02. Curve Left		03. Curve Right 04. Unknown		<b>ROAD CONTOUR - GRADE</b> <b>01</b>		01. Level 02. Uphill 03. Hill Crest		04. Downhill 05. Sag/Bottom 06. Unknown					
<b>APPROACH/OVERTAKING TURN</b> <b>03</b>		01. Approach Turn 02. Overtaking Turn		03. Not Applicable		<b>LIGHTING CONDITION</b> <b>01</b>		01. Daylight 02. Dawn or Dusk		03. Dark-lighted 04. Dark-Unlighted					
<b>ROAD DESCRIPTION</b> <b>03</b>		01. At Intersection 02. Driveway Access Related 03. Intersection Related 04. Non-Intersection		05. Crossover-Related 06. Roundabout 08. Parking Lot 09. Ramp		10. Ramp-related 11. Alley Related 12. Share-Use Path or Trail 13. Auxiliary Lane		14. Mid-Block Crosswalk 15. Express/Managed/HOV Lane							
<b>ROAD CONDITION</b> <b>01</b>		01. Dry 02. Wet 03. Muddy 04. Snowy 05. Icy 06. Slushy 07. Foreign Material		08. Dry W/Visible Icy Road Treatment 09. Wet W/Visible Icy Road Treatment 10. Snowy W/Visible Icy Road Treatment 11. Icy W/Visible Icy Road Treatment 12. Slushy W/Visible Icy Road Treatment 13. Sand/Gravel 14. Roto-Milled		<b>WEATHER CONDITION</b> 1st <b>00</b> 2nd <input type="checkbox"/>		00. Clear 01. Rain 02. Sleet or Hail 03. Fog		04. Dust 05. Wind 06. Cloudy 07. Freezing Rain or Freezing Drizzle		08. Snow 09. Blowing Snow			
<b>TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY</b>															
<b>EMERGENCY MEDICAL SERVICES (Record all time using 24 Hr. time)</b>								<b>TRAFFIC CONTROL DEVICE FUNCTIONING</b>							
Time notified :		Time Arrived @ Scene :		Time Arrived @ Hospital :		<b>01</b>		01. No Controls 02. Not Functioning 03. Functioning Improperly		04. Functioning Properly 06. Not Visible 05. Unknown					
If times are unknown provide name of responding services: <b>ROARING FORK FIRE RESCUE</b>															
Approved By <b>BRUCE, J.</b>						I.D. Number <b>1136</b>				Date <b>10/30/2023</b>					